Beneficiary Designation 401(k) Plan

| My Information For questions regarding this form, visit the web. | | | | | |
|---|---------------------------|------------------------|-------------------------------------|---|---------------------------------------|
| or questions regarding this form visit the web | | | | | |
| Ise black or blue ink when completing this forn | • | retirement.com/par | ticipant or conta | ct Service Provider at | 1-800-338-4015. |
| Participant Information | | | | | |
| Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts. | Account Extension | Social S | ecurity Number | (Must provide all 9 digits) | |
| Last Name | Fir | rst Name | M.I. | Date of Birth | |
| Email Address Married Unmarried | | | | Daytime Phone Num () Alternate Phone Num | |
| Beneficiary Designation (Attach an additi | onal sheet to name addi | itional beneficiaries. | .) | | |
| Primary Beneficiary Designation (Primary | arv beneficiarv designati | ions must total 100 | % - percentage ca | an be made out to two d | lecimal places.) |
| If I am married, my Plan requires my spouto my beneficiary designation. See the attached examples on how to conor estate. | | | - | | |
| % of Account Balance Primary Beneficiar (Name of Individual, | , | elationship | Social Security Identification N | | / / Date of Birth or Trust Date |
| Street Address () Phone Number (Optional) | City | | State | | Zip Code |
| % | | | | | 1 1 |
| % of Account Balance Primary Beneficiar (Name of Individual, | | elationship | Social Security Identification N | | Date of Birth or Trust Date |
| Street Address () Phone Number (Optional) | City | | State | | Zip Code |
| % of Account Balance Primary Beneficiar (Name of Individual). | , | elationship | Social Security Identification N | | / / Date of Birth or Trust Date |
| Street Address () | City | | State | | Zip Code |
| Phone Number (Optional) Contingent Beneficiary Designation (0 | Contingent beneficiary d | lesignations must to | otal 100% - perce | ntage can be made out i | to two decimal places |
| % | | | • | | 1 1 |
| % of Account Balance Contingent Benefic (Name of Individual, | • | elationship | Social Security Identification N | | Date of Birth or Trust Date |
| Street Address () Phone Number (Optional) | City | | State | | Zip Code |

| | | | | | 337968-01 | | | |
|--|--|---|---|--|--|--|--|--|
| Last | Name | First Name | M.I. | Social Security Number | Number | | | |
| B B er | Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.) | | | | | | | |
| Cor | Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.) | | | | | | | |
| | % | | | | 1 1 | | | |
| % c | of Account Balance | Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date | | | |
| Stre | eet Address) | City | | State | Zip Code | | | |
| Pho | one Number (Optional) % | | | | 1 1 | | | |
| % c | of Account Balance | Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date | | | |
| Stre | eet Address | City | | State | Zip Code | | | |
| Pho | one Number (Optional) | | | | | | | |
| C Sig | natures and Cons | sent (Signatures must be on the lines provi | ided.) | | | | | |
| Par | Participant Consent for Beneficiary Designation (Please sign on the 'Participant Signature' line below.) | | | | | | | |
| Plai | n, I am making the at | rstand and agree to all pages of this E pove beneficiary designations for my ve | ested account in the | e event of my death. If I have more that | | | | |
| ben pred purs | neficiaries. Contingen deceases me, his or h suant to the terms of | ded as specified. If a primary beneficiand to be the survival of the survival | y if there is no survi ving contingent ber ation is effective up | ving primary beneficiary, as specified. eficiaries. If I fail to designate beneficia on execution and delivery to Service P | I to the surviving primar If a contingent beneficiar iries, amounts will be paid | | | |
| ben pred purs is m This dea | neficiaries. Contingen deceases me, his or he suant to the terms of nissing, additional info designation superso | t beneficiaries will receive a benefit only ner benefit will be allocated to the surviv the Plan or applicable law. This designa ormation may be required prior to recol edes all prior designations. Beneficiarie ually. Primary and contingent benefic | y if there is no surviving contingent ber ation is effective up rding my designations will share equall | ving primary beneficiary, as specified. eficiaries. If I fail to designate beneficia on execution and delivery to Service Pon. y if percentages are not provided and a | I to the surviving primar If a contingent beneficiar ries, amounts will be pai rovider. If any information any amounts unpaid upon | | | |
| ben pred purs is m This dea dec I un of th | neficiaries. Contingen deceases me, his or he suant to the terms of nissing, additional infost designation supersonth will be divided equitional points (Example derstand that Service he Treasury ("OFAC" AC as a specially designed deceased the supersonth that supplementations of the supersonth that supersonth that supersonth the supersonth that supersonth the supersonth that supersonth the supersonth that supersonth the superso | t beneficiaries will receive a benefit only ner benefit will be allocated to the surviv the Plan or applicable law. This designa ormation may be required prior to recol edes all prior designations. Beneficiarie ually. Primary and contingent benefic | y if there is no surviving contingent ber ation is effective up rding my designation as will share equalli- ciaries must separations and re- conduct business or more information | ving primary beneficiary, as specified. eficiaries. If I fail to designate beneficiar on execution and delivery to Service Fon. y if percentages are not provided and a rately total 100%. The percentages of equirements of the Office of Foreign As with persons in a blocked country or an, please access the OFAC website at | I to the surviving primar If a contingent beneficiar iries, amounts will be paid rovider. If any information any amounts unpaid upon an be divided up to two sets Control, Departmentary person designated b | | | |
| ben pred pursis m This dea dec I un of tl OF/abo | neficiaries. Contingen deceases me, his or lesuant to the terms of nissing, additional infost designation superset will be divided equitional points (Exampled and points) ("OFAC" AC as a specially desput/organizational-structure. | t beneficiaries will receive a benefit only ner benefit will be allocated to the survivathe Plan or applicable law. This designation may be required prior to recoive desall prior designations. Beneficiarie ally. Primary and contingent beneficials: 33.33%). The Provider is required to comply with the provider is required to comply with the provider cannot signated national or blocked person. For | y if there is no surviving contingent beration is effective upraining my designations will share equaliciaries must separate eregulations and reconduct business or more information. | ving primary beneficiary, as specified. eficiaries. If I fail to designate beneficiar on execution and delivery to Service Pon. y if percentages are not provided and a rately total 100%. The percentages of equirements of the Office of Foreign As with persons in a blocked country or an, please access the OFAC website at x. ed and I elect a primary beneficiary of | I to the surviving primar If a contingent beneficiar ries, amounts will be pair rovider. If any information any amounts unpaid upon an be divided up to two sets Control, Department any person designated be that primary person designated be that primary governments and the sets of the sets Control, Departments of the sets Control | | | |
| ben pred pursis m This dea dec I un of th OF/ abo | neficiaries. Contingen deceases me, his or he suant to the terms of hissing, additional informations designation supersonth will be divided equational points (Example derstand that Service he Treasury ("OFAC" AC as a specially desput/organizational-structure ortant Notice: In acculition to my spouse, n | t beneficiaries will receive a benefit only ner benefit will be allocated to the survivathe Plan or applicable law. This design ormation may be required prior to recordedes all prior designations. Beneficiarie ually. Primary and contingent beneficially. Primary and contingent beneficially. Primary and contingent beneficially. As a result, Service Provider cannot signated national or blocked person. For ucture/offices/Pages/Office-of-Foreign-pordance with ERISA and/or Plan Docu | y if there is no surviving contingent beration is effective upraining my designation will share equallistaries must separate e regulations and reconduct business or more information. Assets-Control. aspendir is Spousal Consent. | ving primary beneficiary, as specified. eficiaries. If I fail to designate beneficiar on execution and delivery to Service Pon. y if percentages are not provided and a rately total 100%. The percentages dequirements of the Office of Foreign As with persons in a blocked country or an, please access the OFAC website at x. ed and I elect a primary beneficiary of for Beneficiary Designation section of | I to the surviving primary If a contingent beneficiary Iries, amounts will be paid rovider. If any information If any amounts unpaid upon Irien be divided up to two Iriensets Control, Department Iring person designated by Iriensets Http://www.treasury.gov Iriensets than my spouse or in | | | |

| | Last Name | | First Name | | Social Sec | urity Number | 337968-01 Number | |
|---|--|--|---|-----------------------|-------------------------|---|---|--|
| _ | Signatures and Canas | mt (0) | | (4.4) | | | | |
| , | Signatures and Conse | ignatures and Consent (Signatures must be on the lines provided.) | | | | | | |
| | Spousal Consent for E | Spousal Consent for Beneficiary Designation (If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.) | | | | | | |
| | 100% of his or her vested | accoun | it balance under the Plan ar | nd that my spouse's | s election is not | valid unless I conse | v consent to the participant's n means that I will not receive nt to it. I understand that my of his or her vested account | |
| | Spouse's Signature |) | | | | Date (Requ | uired) | |
| | | A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay. | | | | | | |
| | For Residents of all state | es (exce | ept California), please have | e your notary comp | lete the section | below. | | |
| | notary form: the title of the | e form, | cing the California Affidavit and Jurat Form the following items must be completed by the notary on the state the plan name, the plan number, the document date, my name and my spouse's name. The notary forms not rejected and it will delay this request. | | | | | |
| | My signature must be notal is notarized in this section. | | a Notary Public. The date I | sign this form in the | 'My Consent' s | ection must match the | e date on which my signature | |
| | Statement of Notary | | NOTE: Notary seal must | | | | | |
| | | | The consent to this reques | st was subscribed a | and sworn <i>(or at</i> | ffirmed) | | |
| | State of |) | to before me on this | day of | , year | , by | SEAL | |
| | |)ss. | · · · · · · · · · · · · · · · · · · · | | | | | |
| | County of |) | proved to me on the basis who appeared before me, his/her free and voluntary | who affirmed that s | | | | |
| | Notary Public | | | | | My commission | expires / / | |
| | , | | ired on this form. An elec | | | • | · · · · · · · · · · · · · · · · · · · | |
|) | Mailing Instructions | | | | | | | |
| | After all signatures have | been c | obtained, this form can be | sent by | | | | |
| | Fax to: Empower Retirement 1-866-633-5212 | OR | • | ent | OR | Express Mail to: Empower Retirer 8515 E. Orchard Greenwood Villa | nent Road | |

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